H-KISS FAX REFERRAL FORM

Please complete all areas. If information is not available for some areas, you may skip these sections and H-KISS will follow up.

Call Date to H-KISS: ___/___/___ **Referral Source Name:** _____ **Ph #:** _____

Relationship to Child: ☐ Parent ☐ Pediatrician ☐ Other: _____

Address (if not parent): _____

How Referral Source Became Aware of H-KISS: _____

Child Name: _____ **Date of Birth:** _____

Gender: ☐ M ☐ F **Age:** _____ years _____ months_____weeks

Area(s) of Concern:

☐ **Developmental Delay**	☐ Cognitive	☐ Physical	☐ Communication	☐ Social/Emotional	☐ Adaptive
☐ **Biological Risk**	☐ Gestational Age < 32 wks ☐ Birth weight < 1500gm/3.3 lbs. ☐ Technologically Dependent/Skilled Nursing Needed		☐ In hospital ☐ Estimated date of discharge _____/_____/_____		
☐ **Environmental Risk**	☐ Child Welfare Services Involvement		Authority to Consent ☐ CWS ☐ Other _____		

Developmental, Medical, and/or Environmental Concerns: _____

_____

_____

_____

_____

_____

Screenings Done:

☐ ASQ	☐ DIAL-R	☐ Denver	☐ CBCL	☐ ASQ-SE	☐ HELP	☐ PEDS
☐ Audiological (Include Newborn Hearing Screening)			☐ Other: _____			
Significant Results: _____						

Pediatrician: _____ Ph #: _____

MD Specialist(s): _____

Agencies Working w/Child:	☐ Child Welfare Services	☐ Children w/Special Health Needs Branch	☐ Early Intervention Section	
☐ Public Health Nursing Branch	☐ Healthy Start Prgm.	☐ Guardian Ad-Litem	☐ Early Head Start Prgm.	☐ Kaiser Hospital
☐ Kapi'olani Medical Center	☐ Tripler Army Medical Center	☐ Other: _____		
☐ EPSDT Medically Fragile CM Agency (Specify Agency): _____				

Primary Caregiver Name(s): _____

Relationship to Child: ☐ mother ☐ father ☐ foster parent ☐ guardian ☐ other: _____

Residence Address: _____

Mailing/Other Address: _____

Ph # (h): _____ (w): _____ (other): _____ **Best call time**: _____

Hawai'i Keiki Information Services System (H-KISS) ◆ 1600 Kapi'olani Blvd #1401 ◆ Honolulu Hawai'i 96814
(O'ahu) 973-9633 ◆ (Neighbor Islands) 1-800-235-5477 ◆ **Fax: (808) 973-9655** Form Revised 9/6/06